MAXIMUS Federal Services

Case Number:	CM15-0186992		
Date Assigned:	09/29/2015	Date of Injury:	12/18/2007
Decision Date:	12/01/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male who sustained an industrial injury on 12-18-2007. Current diagnoses include status post gunshot wound to the left cheek-status post dental loss secondary to gunshot wound, left-sided facial neuralgia, cervical spine MLSS, lumbar spine MLSS, bilateral knee sprain-strain, post-traumatic headaches, gastroesophageal reflux disease, diabetes mellitus, hypertension with left atrial enlargement left ventricular hypertrophy, hyperlipidemia uncontrolled, proteinuria-secondary to hypertension and diabetes, sleep disorder rule out obstructive sleep apnea, anosmia, peripheral neuropathy at bilateral lower extremities, severe great toe oncyomycosis with paronychia, psychological diagnosis, diabetic retinopathy and-or hypertensive-arteriosclerotic retinopathy, and status post H-pylori treatment.Report dated 08-12-2015 noted that the injured worker presented with controlled blood pressure and uncontrolled blood sugar with spikes as high as 200 mg/dl, improving sleep quality, ongoing acid reflux, depression and anxiety, left big toe swelling, improvement in headaches and ongoing cervical and lumbar spine pain, peripheral neuropathy is intermittent, no changes in bilateral knee pain and vision. Physical examination performed on 08-12-2015 revealed blood pressure 139 over 77, heart rate-66, blood glucose 178, and weight 215 pounds, eyes-unable to visualize fundus on exam, 1+ bilateral lower extremity pitting edema, tenderness in the extremities, and left foot first toe nail growth with discharge through porous thickened nail with mild, malodorous, green-blue discoloration. The treatment plan included urine toxicology ordered, fasting labs are pending, request for multiple reports, EKG and 2D echo are pending, requests for amlodipine, metoprolol, gemfibrozil, crestor, metformin, glipizide, victoza with needles, aspirin

EC, gabadone, theramine, blood pressure monitor, glucose monitor, diabetic test strips-lancets-alcohol swabs, requests for podiatry consultation and nutritional counseling, advised to follow a low acid, low fat, low cholesterol, low glycemic, and low sodium diet, recommendations for weight loss, continue with blood pressure and glucose diaries, and return in 3 months. Work status was documented as permanently partially disabled. The utilization review dated 08-21-2015, non-certified the request for urine toxicology screening, aspirin EC, Gabadone, and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine toxicology screen #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) (urine toxicology screening).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation does not show that the injured worker is being treated with Opioid analgesics or at high risk of addiction or aberrant behavior to establish the medical necessity for urine drug testing. With guidelines not being met, the request for urine toxicology screen #1 is not medically necessary.

ASA EC 81mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2 and Gestational) (Antiplatelet therapy).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com/.

Decision rationale: MTUS does not address this request. Aspirin is in a group of medications called salicylates that may be used to prevent heart attacks and ischemic strokes in people who are at risk or have had this type of stroke or mini-stroke in the past. The 2012 American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis guideline on the Primary and secondary prevention of cardiovascular (Heart) disease recommend low-dose aspirin (as opposed to no aspirin) for primary prevention in all persons over the age of 50 years.

Guidelines stress the importance of individual clinical judgment, which should include an assessment of the absolute benefits and risks of Aspirin use. Documentation reveals that the injured worker is over the age of 50 years and diagnosed with Hypertension and Diabetes, which may increase cardiovascular risk. The ongoing use of Aspirin prophylaxis is clinically appropriate. The request for ASA EC 81mg #30 with 2 refills is medically necessary per guidelines.

Gabadone #60 (3 bottles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (gabadone).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: MTUS does not address this request. Gabadone is a Medical food used to meet the nutritional requirements for sleep disorders and sleep disorders associated with insomnia. It contains combination of choline bitartrate, glutamic acid, 5-hydroxytryptophan, GABA, grape seed extract, griffonia extract, whey protein, valerian extract, ginkgo biloba and cocoa. ODG does not recommend the use of Gabadone. The injured worker is diagnosed with Sleep Disorder. The use of Gabadone is however not recommended by guidelines. The request for Gabadone is not medically necessary by ODG.

Theramine #60 (6 bottles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (theramine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical food.

Decision rationale: MTUS does not address this request. Theramine is a medical food that contains 5-hydroxytrytophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). Per ODG, medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Documentation fails to show objective evidence supporting the medical necessity for a medical food in the treatment of this injured worker. The request for Theramine #60 (6 bottles) is not medically necessary.